

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08934254

FILING DATE

APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		3			
2	1		1				52		3			
3	1		1				53		3			
4	3		3				54		3			
5	3		3				55					
6	3		3				56					
7	3		3				57					
8	3		3				58					
9	3		3				59					
10	3		3				60					
11	3		3				61					
12	3		3				62					
13	3		3				63					
14	3		3				64					
15	3		3				65					
16	3		3				66					
17	3		3				67					
18	3		3				68					
19	3		3				69					
20	3		3				70					
21	3		3				71					
22	3		3				72					
23	3		3				73					
24	3		3				74					
25	3		3				75					
26	3		3				76					
27	3		3				77					
28	3		2				78					
29	3		3				79					
30	3		3				80					
31	3		3				81					
32	3		3				82					
33	3		3				83					
34	3		3				84					
35	3		3				85					
36	1						86					
37	1						87					
38	3						88					
39	3						89					
40	3						90					
41	3						91					
42	3						92					
43	3						93					
44	3						94					
45	3						95					
46	3						96					
47			3				97					
48			3				98					
49			3				99					
50			3				100					
TOTAL IND.	4		2				TOTAL IND.	2				
TOTAL DEP.	106	104	97				TOTAL DEP.	112				
TOTAL CLAIMS	138		99				TOTAL CLAIMS	114				